



OPEN ENROLLMENT 2019-2020

Important Dates

- **August 8th | Health Fair**
Please see the back of this flyer for additional information.
- **August 31st | Changes Deadline**
Contact Payroll & Benefits before 8/31 if you wish to make a change.
- **September 30th | Rates in Effect**
The updated rates for 19-20 will be seen on your 9/30 paycheck.
- **October 1st | Changes in Effect**
If you made a change, your new plan will go in to effect on this day.

Ripon Unified's Health & Wellness Open Enrollment Period Starts Now!

We hope everyone is enjoying their summer. It is that time of year again where you can enroll in health insurance, switch plans, add dependents, and more! This year we are providing you the new rates earlier, so that you can get a jump start if you need to make a change. We know the beginning of the school year can be a busy time for everyone.

Additional plan information, including comparison charts, have been sent to your @riponusd.net email. If you have any questions or wish to make a change, please contact Krista Galvan.

If you do not want to make a change this year, no action is needed.

For Changes and Questions, Please Contact Krista Galvan: kgalvan@riponusd.net | 209-253-1968

8
AUG

WELCOME BACK HEALTH FAIR

8:30
AM

Abeyta-Hortin Gym
RIPON HIGH SCHOOL

**Please join us for our annual health fair.
The Health Fair will run from 8:30 a.m. to 11:00 a.m.
There will be vendors, raffles, and more!**

- ✓ Pickup Annual Employment Summary Packet
 - ✓ Talk to Health Insurance Vendors
 - ✓ Meet Local Businesses
- ✓ Pickup Miscellaneous Forms (W4 changes, address changes, etc.)



CSEA - SISC Health Insurance Rates

Plan Year: October 2019 - September 2020

Full Time Employee (1.0 FTE)

	Medical CAP	District Paid Contribution/Month		
		Employee	Employee +1	Family
		527.25	741.25	881.50
Total Annual District Contribution		6,327.00	8,895.00	10,578.00

		Employee	Employee +1	Family	Calculate Your Monthly Cost
ANTHEM 100% - PLAN A	Premium	\$1,016.00	\$1,747.00	\$2,216.00	
\$0 Deductible	Dist CAP	\$527.25	\$741.25	\$881.50	
\$1,000/\$3,000 Max Out of Pocket	employee cost	\$488.75	\$1,005.75	\$1,334.50	
40346B					
ANTHEM 80% - PLAN G	Premium	\$775.00	\$1,333.00	\$1,692.00	
\$500/\$1,000 Deductible	Dist CAP	\$527.25	\$741.25	\$881.50	
\$2,000/\$4,000 Max Out of Pocket	employee cost	\$247.75	\$591.75	\$810.50	
40346C					
ANTHEM 80% - PLAN L	Premium	\$676.00	\$1,162.00	\$1,475.00	
\$2,000/\$4,000 Deductible	Dist CAP	\$527.25	\$741.25	\$881.50	
\$4,000/\$8,000 Max Out of Pocket	employee cost	\$148.75	\$420.75	\$593.50	
40346D					
ANTHEM 90% - PLAN HDHP	Premium	\$621.00	\$1,069.00	\$1,354.00	
\$3,000/\$5,200 Deductible	Dist CAP	\$527.25	\$741.25	\$881.50	
\$5,000/\$10,000 Max Out of Pocket	employee cost	\$93.75	\$327.75	\$472.50	
40346F					
KAISER HMO Traditional Plan	Premium	\$828.00	\$1,424.00	\$1,805.00	
\$0 Deductible	Dist CAP	\$527.25	\$741.25	\$881.50	
\$1,500/\$3,000 Max Out of Pocket	employee cost	\$300.75	\$682.75	\$923.50	
604352-0062					
KAISER HDHP	Premium	\$664.00	\$1,142.00	\$1,447.00	
\$1,500/\$3,000 Deductible	Dist CAP	\$527.25	\$741.25	\$881.50	
\$3,000/\$6,000 Max Out of Pocket	employee cost	\$136.75	\$400.75	\$565.50	
604352-0067					
ANTHEM 70% BRONZE PLAN	Premium	\$558.00	N/A	\$949.00	
\$5,000/\$10,000 Deductible	Dist CAP	\$527.25		\$881.50	
\$6,350/\$12,700 Max Out of Pocket	employee cost	\$30.75		\$67.50	
70109B					
WABE - Medical OPT OUT	Premium	\$558.00	N/A	N/A	
(No Medical Coverage)	Dist CAP	\$527.25			
WABE68650L	employee cost	\$30.75			
Delta Dental Premier	employee cost	\$103.00	\$103.00	\$103.00	
Build Coverage 70%-100% 7086-2110					
Delta Dental Preferred	employee cost	\$96.00	\$96.00	\$96.00	
Most Services 100% Covered 7086-3110					
MES VISION	employee cost	\$17.80	\$17.80	\$17.80	
\$10.00 Copayment 19190-001					
		Total employee selection			\$
		x 12 mos/ 11 paychecks			\$

Waiver of Anchor Bronze Enrollment – WABE: The purpose of RUSD offering this enrollment option is so employees with secondary coverage will not have issues accessing their secondary coverage (which will become primary for employee in WABE). The new WABE program is premium in lieu of enrollment. Employees that choose WABE will not have medical or prescription drug coverage, they will have MDLIVE, EAP, Advance Medical second opinion and Biometric Screenings coverage. Employees enrolled in WABE must also enroll in the dental and vision plans offered by RUSD. Employees electing the WABE option must also sign a “Declination of Coverage for Full Time Employees form”. Please contact Payroll for more information.

Ripon Unified School District - Classified Employees

This is a limited summary of Medical Plan Benefits for Plan Year October 2019. For detailed coverage refer to the Plan Document and SBC



	100% Plan A-10 9-35	80% Plan G-20 200/10-35	80% Plan L-30 200/10-35	90% HDHP B Med-Rx Same	Anchor Bronze Med-Rx Same	KAISER - 30 10-30	KAISER HSA A 1500 Med-Rx Same
Monthly SINGLE Premium Rate	\$1,016	\$775	\$676	\$621	\$558	\$828	\$664
Monthly DEPENDENT Premium Rate	\$1,747	\$1,333	\$1,162	\$1,069		\$1,424	\$1,142
Monthly FAMILY Premium Rate	\$2,216	\$1,692	\$1,475	\$1,354	\$949	\$1,805	\$1,447
	MEMBER PAYS	MEMBER PAYS	MEMBER PAYS	MEMBER PAYS	MEMBER PAYS	MEMBER PAYS	MEMBER PAYS
PREVENTATIVE CARE <i>(Includes Physical Exams & Screenings)</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0
MEDICAL - CALENDAR YEAR Deductibles & Maximums							
Individual/Family Deductibles * <i>Includes RX</i>	\$0/\$0	\$500/\$1,000	\$2,000/\$4,000	\$3,000/\$5,200*	\$5,000/\$10,000*	\$0/\$0	\$1,500/\$3,000
Individual/Family Out-of-Pocket (OOP) Max <i>(Includes Medical Deductibles, Co-insurance & Co-pays)</i>	\$1,000/\$3,000	\$2,000/\$4,000	\$4,000/\$8,000	\$5,000/\$10,000*	\$6,350/\$12,700*	\$1,500/\$3,000	\$3,000/\$6,000
PROFESSIONAL SERVICES							
Office Visit - Urgent Care - Specialists/Consultants Pre & Post Natal Care	\$10	\$20	\$30	10%	30%	\$30	10% \$0
Scans: CT - CAT - MRI - PET	0%	20%	20%	10%	30%	\$0	\$0
Diagnostic X-ray & Laboratory Procedures	0%	20%	20%	10%	30%	\$0	\$0
HOSPITAL & SKILLED NURSING FACILITY SERVICES							
In-Patient Hospital <i>(Prior Authorization Required)</i>	0%	20%	20%	10%	30%	\$0	\$0
Outpatient Hospital	0%	20%	20%	10%	30%	\$30	\$0
Outpatient Surgery <i>(Performed in Hospital or Surgery Center)</i>	0%	20%	20%	10%	30%	\$30	\$0
Emergency Room Visit <i>(Waived if Admitted)</i>	\$100	\$100; then 20%	\$100; then 20%	\$100; then 10%	\$100; then 30%	\$100	\$0
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT							
In-Patient: Facility Based Care <i>(Prior Authorization Required)</i>	0%	20%	20%	10%	30%	\$0	10%
Out-Patient: Facility Based Care <i>(Prior Authorization Required)</i>	0%	20%	20%	10%	30%	\$30	\$0
OTHER SERVICES							
Acupuncture <i>(Limits Apply)</i>	0%	20%	20%	10%	30%	\$10/30 visits combined with Chiropractic	Limited Coverage If Authorized
Ambulance <i>(Ground or Air)</i>	\$100	\$100; then 20%	\$100; then 20%	\$100; then 10%	\$100; then 30%	\$50	\$0
Chiropractic <i>(Limits Apply)</i>	0%	20%	20%	10%	30%	\$10/30 visits combined with Acupuncture	Not Covered
Durable Medical Equipment (DME)	0%	20%	20%	10%	30%	\$0	\$0
Physical and Occupational Therapy <i>(Limits Apply)</i>	0%	20%	20%	10%	30%	\$30	\$0
PHARMACY BENEFITS							
Individual/Family Brand & Specialty Rx Deductibles	None	\$200/\$500	\$200/\$500	Included with Medical Deductible	Included with Medical Deductible	None	Included with Medical Deductible
Individual/Family Rx Out-of-Pocket (OOP) Max <i>(Includes Rx Deductibles & Co-pays)</i>	\$2,500/\$3,500	\$2,500/\$3,500	\$2,500/\$3,500	Included with Medical OOP Max	Included with Medical OOP Max	Included with Medical OOP Max	Included with Medical OOP Max
Generic - 30 days supply	\$0 at Costco \$9 Other Network	\$0 at Costco \$10 Other Network	\$0 at Costco \$10 Other Network	\$9	\$9	\$10-100 day supply	\$10
Brand - 30 days supply	\$35	\$35	\$35	\$35	\$35	\$30-100 day supply	\$30
Specialty - 30 days supply	\$35 Navitus Mail ONLY	\$35 Navitus Mail ONLY	\$35 Navitus Mail ONLY	\$35 (MAIL)	\$35 (MAIL)	\$30-30 day supply	\$30
Mail Order <i>(Generic & Brand - 90 days supply)</i>	\$0-\$90	\$0-\$90	\$0-\$90	\$0-\$90	\$0-\$90	\$10-\$30/100 day supply	\$20-\$60/100 day supply



Ripon Unified School District - Classified Employees

This is a limited summary of Dental Plan Benefits for Plan Year October 2019. For detailed coverage refer to the Plan Document. All benefits shown assume In-Network coverage only.

	Delta Dental Plan Premier Plan	Delta Dental Plan Preferred Plan
COMPOSITE Premium Rate	\$103	\$96
CALENDAR YEAR Deductibles & Maximums	MEMBER PAYS	MEMBER PAYS
Individual/Family Deductibles	\$0/\$0	\$0/\$0
Individual/Family Maximum	\$1,500	\$1,500
Covered Service	PLAN PAYS	PLAN PAYS
Diagnostic & Preventive Services Exams, X-rays, 2 Cleanings Per Calendar Year	70-100%	100%
Basic Services Fillings, Simple Tooth Extractions, Sealants	70-100%	100%
Endodontics Root Canals Covered Under Basic Services	70-100%	100%
Oral Surgery Covered Under Basic Services	70-100%	100%
Major Services Crowns, Inlays, Onlays & Cast Restorations	70-100%	100%
Prosthodontics Bridges, Dentures & Implants	\$1	50%
Prosthodontics Bridges, Dentures & Implants	50%	50%
Orthodontics Adult & Dependent Children	Not Covered	Not Covered
Dental Accident Benefits	100% Additional \$1,000 Benefits	100% Additional \$1,000 Benefits



Ripon Unified School District - Classified Employees

This is a limited summary of Vision Plan Benefits for Plan Year October 2019. For detailed coverage refer to the Plan Document

		Medical Eye Care Services MES - C-\$10
COMPOSITE Premium Rate		\$17.80
CALENDAR YEAR Deductibles & Maximums		MEMBER PAYS
Individual Copayments		\$10
FREQUENCY OF SERVICE		PLAN PAYS
Comprehensive Vision Exam		Once Every Calendar Year
Lenses		One Pair Every Calendar Year
Frames		One Pair Every Calendar Year
Contact Lenses - Non-Elective		One Pair Every Calendar Year
Contact Lenses - Elective		One Pair Every Calendar Year
BENEFIT ALLOWANCE		PLAN PAYS
Comprehensive Examination		100% - Participating Provider
Single Vision Lenses		100% - Participating Provider
Bifocal Lenses		100% - Participating Provider
Trifocal Lenses		100% - Participating Provider
Progressive Lenses		Up to \$89.50 - Participating Provider
Aphakic Monofocal		100% - Participating Provider
Aphakic Multifocal		100% - Participating Provider
Frames		Up to \$150 - Participating Provider
Contact Lenses - Non-Elective		100% - Participating Provider
Contact Lenses - Elective		Up to \$150 - Participating Provider

Even **more** benefits to help you get and stay healthy

Take full advantage of all SISC has to offer



Get Started

SISC EAP

Call 1-800-999-7222

OR

Go to anthemEAP.com and enter SISC.

Advance Medical

Call 1-855-201-9925

OR

Go to advance-medical.net/sisc

MDLive

Register by calling MDLive at 1-888-632-2738

OR

Go to mdlive.com/sisc

Costco

Call 1-800-774-2678 (press 1) to find a Costco location.

Program Details

24/7 Help with Personal Concerns

SISC Employee Assistance Program

Access free, confidential resources if you or a family member needs help with emotional, marital, financial, addiction, legal, or stress issues.

Expert Medical Opinions

Advance Medical

Get answers to your health care questions and medical opinions from world-leading experts.

24/7 Physician Access—Anytime, Anywhere

MDLive*

Consult with doctors and pediatricians over the phone or using online video for medical conditions such as cold, fever, sore throat, flu, infection, and children's health issues. Physicians can prescribe medication when appropriate. Online behavioral health visits are also available.

Free Generic Medications

Costco*

On most pharmacy plans, our PPO and HMO members can get free generic medications at Costco and through Costco Mail Order (excludes certain pain and cough medications). Just take your prescription to a Costco pharmacy; you don't need to be a Costco member.

Who Is Eligible

All employees at member districts (including Kaiser)

No Cost

All SISC members (including Kaiser)

No Cost

Anthem and Blue Shield PPO and HMO members

Low Cost

Anthem and Blue Shield PPO and HMO members (participating plans)

No Cost

*Kaiser members are not eligible for the MDLive or Costco free generic programs.

Get Started

Program Details

Who Is Eligible

Carrum Health

Call 1-888-855-7806.

No Cost Hip, Knee, and Spine Surgical Options

Carrum Health

Get access to top-quality surgeons at Scripps with no out-of-pocket cost. All medical bills, including deductibles, coinsurance and even travel expenses are covered.

Anthem and Blue Shield PPO members

No Cost

Solera4ME

Go to <https://solera4me.com/sisc> and take a 1-minute quiz to see if you qualify.

Diabetes Prevention Program

Solera4ME

If you qualify, you can get access to a 16-week cutting-edge program that helps with weight loss, adopting healthy habits and can significantly reduce your risk of developing diabetes.

Anthem and Blue Shield PPO and HMO members

No Cost

Active & Fit Direct

To enroll, Anthem PPO members log into www.anthem.com/ca/sisc, click "Discounts" and visit "Special Offers".

Kaiser HMO members must visit kp.org/choosehealthy and follow these steps:

1. Select either Northern or Southern California.
2. Click "Choose Healthy".
3. Click "learn more" near the ASH Active & Fit logo at the bottom of the page.

Discounted Gym Memberships

Active & Fit Direct

Choose from over 9,000 participating fitness centers and YMCAs nationwide for a much lower cost than you would pay on your own. Use the online fitness tracking feature, which uses a variety of wearable devices and apps. You pay only \$25 a month (plus \$25 enrollment fee and taxes).

Anthem PPO, HMO and Kaiser HMO members

Low Cost

Fitness Your Way

Go to fitnessyourway.tivityhealthy.com/bsc

Click "Enroll".

Complete the steps to enroll.

OR

Call (833) 283-8387

M-F 5 am - 5 pm PT.

Fitness Your Way

Tivity

This program gives you the flexibility to work out at any network fitness location, at a time that works for you. Cost is only \$25 a month per person.

Blue Shield PPO and HMO members age 18 and older

Low Cost

TruHearing

Call 1-866-754-1607.

Discounted Hearing Aids

TruHearing

Use your \$700 hearing aid allowance through Anthem or Blue Shield to purchase hearing aids. Just go to a TruHearing provider to be fitted and adjusted for a wide variety of the latest digital hearing aids. You will save about \$980 per hearing aid compared to national average prices.

VSP members

Low Cost